


<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		Docket Number (Optional) <b>RTI-106R 01915/13974US02</b>
		
In re the Application of <b>Bianchi, et al.</b>		
Application Number <b>09/704,299</b>		Filed <b>November 1, 2000</b>
For <b>"Cervical Tapered Dowel"</b>		
Group Art Unit <b>3732</b>		Examiner <b>Pedro Philogene</b>

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

- |  |                  |
|--|------------------|
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))               | \$ _____         |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))              | \$ _____         |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$ <b>950.00</b> |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))             | \$ _____         |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))             | \$ _____         |

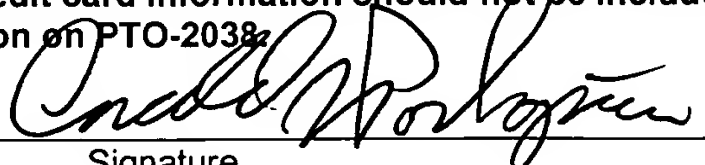
- ☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the amount shown above is reduced by one-half, and the resulting fee is: \$ \_\_\_\_\_.
- ☒ A check in the amount of the fee is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☐ The Director has already been authorized to charge fees in this application to a Deposit Account.
- ☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 13-0017. I have enclosed a duplicate copy of this sheet.

- I am the ☐ applicant/inventor
- ☐ assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- ☒ attorney or agent of record. Registration Number 32,167
- ☐ attorney or agent under 37 CFR 1.34(a).  
Registration number if acting under 37 CFR 1.34(a) \_\_\_\_\_

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

July 6, 2004  
Date

312-775-8000  
Telephone Number

  
Signature

Donald J. Pochopien, Reg. No. 32,167  
Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.



PTO/SB/17 (11-00)

Approved for use through 10/31/2002. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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<b>FEE TRANSMITTAL for FY 2004</b>  Patent Fees are subject to annual revision.		<b>Complete if Known</b>	
		Application Number	09/704,299
		Filing Date	November 1, 2000
		First Named Inventor	Bianchi, et al.
		Examiner Name	Pedro Philogene
		Group Art Unit	3732
TOTAL AMOUNT OF PAYMENT	(\$) <b>950.00</b>	Attorney Docket No.	RTI-106R 01915/13974US02

<b>METHOD OF PAYMENT</b>		<b>FEE CALCULATION (continued)</b>	
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:  Deposit Account Number: <b>13-0017</b> Deposit Account Name: <b>McAndrews Held &amp; Malloy</b> <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		<b>3. ADDITIONAL FEES</b>	
2. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other			
<b>FEE CALCULATION</b>			
<b>1. BASIC FILING FEE</b> Large Entity Small Entity Fee Fee Fee Fee Fee Description Fee Paid Code (\$) Code (\$) Code (\$) Code (\$) Code (\$) Code (\$) Code (\$) 1001 770 2001 385 Utility filing Fee <input type="text"/> 1002 340 2002 170 Design filing Fee <input type="text"/> 1003 530 2003 265 Plant filing fee <input type="text"/> 1004 770 2004 385 Reissue filing fee <input type="text"/> 1005 160 2005 80 Provisional filing fee <input type="text"/> <b>SUBTOTAL (1) (\$)</b> <input type="text"/>			
<b>2. EXTRA CLAIM FEES</b>  Total Claims <input type="text"/> - 20** = <input type="text"/> x <input type="text"/> = <input type="text"/> Independent Claims <input type="text"/> - 3** = <input type="text"/> x <input type="text"/> = <input type="text"/> Multiple Dependent <input type="text"/> = <input type="text"/>  Large Entity Small Entity Fee Fee Fee Fee Fee Description Fee Paid Code (\$) Code (\$) Code (\$) Code (\$) Code (\$) Code (\$) Code (\$) 1202 18 2202 9 Claims in excess of 20 1201 86 2201 43 Independent claims in excess of 3 1203 290 2203 145 Multiple dependent claim, if not paid 1204 86 2204 43 **Reissue independent claims over original patent 1205 18 2205 9 **Reissue claims in excess of 20 and over original patent <b>SUBTOTAL (2) (\$)</b> <input type="text"/>			
**or number previously paid, if greater; For Reissues, see above		*Reduced by Basic Filing Fee Paid	
		<b>SUBTOTAL (3) (\$)</b> <b>950.00</b>	

<b>SUBMITTED BY</b>				<b>Complete (if applicable)</b>	
Name (Print/Type)	Donald J. Pochopien	Registration No. (Attorney or Agent)	32,167	Telephone	312-775-8000
Signature				Date	July 6, 2004

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